

FEE TRANSMITTAL

Electronic Version v10

Stylesheet Version v10

Title of Invention	PROBE FOR A BODY CAVITY										
Application Number :	10/612112 										
Date :	2003-07-02										
First Named Applicant:	Mr. Jacob Fraden										
Attorney Docket Number:	amcn06										
Art Unit:	2859										
Examiner :	Ms. Gail K. Verbitsky										
TOTAL FEE AUTHORIZED \$ 180											
Patent fees are subject to annual revisions on or about October 1st of each year.											
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Submission Of Information Disclosure Stmt Fee	1806	180	180
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Submission Of Information Disclosure Stmt Fee	1806	180	180								

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 233000
Access Code ****
Deposit name: WHE
Deposit authorized name: WHE
Signature: /David H. Brinkman/
Date (YYYYMMDD): 2005-06-29

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.